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Improving Empathy and Communication Skills of Visually Impaired Early Adolescents through a Psycho-education Program*

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Abstract

The purpose of this study was to investigate the effectiveness of an interpersonal communication skills psychoeducation program to improve empathy and communication skills of visually impaired adolescents. Participants of the study were sixteen early adolescents schooling in an elementary school for visually impaired youth in Diyarbakır. The study has a factorial design having two groups (treatment and control) and three measures (pre-test, post-test and follow-up test). Empathy levels of the participants were measured by KA-Si Empathic Tendency Scale for Children and Adolescents, and communication skills were measured by Communication Skills Evaluation Scale. While the participants in treatment group were exposed to interpersonal communication skills training for nine sessions, members of the control group did not receive any treatment. After the completion of group sessions, post-test measures were obtained. Data were analysed by mixed between-within subjects analysis of variance. Analysis indicated effectiveness of the psycho-education program in increasing empathy levels and communication skills of the visually impaired adolescents.

Key Words

Visually Impaired Adolescents, Interpersonal Communication Skills, Empathy, Psycho-education Group.

There is a universally strong will to get into interaction with others in human beings. Social interaction is the basic ingredient that supports social environment and maintains it (Hargie, 2011). Communication meets one of fundamental psychological needs of human being; a need for interaction (Kaya, 2010). As a social being, human beings have a need to live with others, and building effective communication is a prerequisite for living together with others. Yet, it is also inevitable to

display socially accepted behaviours in a society to live with others (Tagay, Baydan, & Voltan-Acar, 2010).

Interpersonal communication can be defined as a psycho-social process in which at least two individuals reciprocally disclose information, emotions, thoughts and experiences they have by specific means (Kaya, 2010). All interpersonal relationships and interpersonal problems happen

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to be through interpersonal communication. While healthy interpersonal communication results in deeper, meaningful and satisfying relationships, unhealthy interpersonal communication patterns result in wide range of personal and interpersonal problems (Korkut, 1996). Thus, it is paramount to learn and teach the strategies of effective interpersonal communication, because individuals who can establish effective, healthy and satisfying relationships get more satisfaction from life as well as themselves (Korkut, 2000).

One of the motivations in interpersonal relationships is to be understood by others regarding one's experiences, emotions and thoughts. Empathy can be defined as an ability to understand the other person is a paramount aspect in interpersonal relationships. Thus, empathy as a term is one of the essentials in interpersonal relationship and communication (Kaya & Siyez, 2010). According to Rogers (1975) there are some elements of having empathy toward someone. It means to get into one's inner world and be there in a deeper level. This can be accomplished by being very sensitive to one's changing emotions, be it fear, anger or confusion moment by moment. Patterson (1973) defined empathy as perceiving one's reference of perceptual framework, his/her emotional aspects and their meanings in an as if condition (cited in Akkoyun, 1982). Empathy is considered as an ability and a tendency (Kaya & Siyez, 2010). It is multidimensional (Davis, 1983), and has two components; emotional and cognitive. While the cognitive component is about understanding other person's thoughts by getting into his/her role, the emotional component is about understanding his/ her emotions as much as they are felt by the other person (Dökmen, 2005). Blair (2005) added a third component; motor empathy described as mirroring the motor responses of the other person.

Studies on empathy demonstrated significant relationships with some psychological aspects to some degree. Lack of empathy or low level of empathy was related to aggression (McPhedran, 2009; Miller & Eisenberg, 1988), offending (Jolliffe & Farrington, 2004), narcissism (Ritter et al., 2011), bullying behaviours (Jolliffe & Farrington, 2011; Nickerson, Mele, & Princiotta, 2008), autism (Lepage, Lortie, Taschereau-Dumouchel, & Thèoret, 2009), alexithymia (Grynberg, Luminent, Corneille, Grèzes, & Berthoz, 2010), depression (Derntl, Seidel, Schneider, & Habel, 2012; Lee, 2009), schizophrenia (Derntl et al., 2012), and neuroticism (Lee, 2009), whereas high level of empathy was related to pro-social behaviours

(Eisenberg & Miller, 1987; Rameson, Morelli, & Lieberman, 2011), altruism (Van Lange, 2008), relationship satisfaction (Cramer & Jowett, 2010), and subjective well-being (Wei, Liao, Ku, & Shaffer, 2011). From all these studies, it can be concluded that increasing empathic skills may increase one's wellbeing and foster better relations in the society.

In every aspect of daily life, empathic understanding gets people closer to each other and eases interpersonal communication. As people receive empathy from others, they feel understood and valued (Dökmen, 2005). It was reported that people with high empathic tendency tend to display self-disclosure more (Ataşalar, 1996) and better interpersonal styles (Aydın, 1996). Studies on small group work in Turkey to improve communication or social skills with different age groups demonstrated that these small group works were effective on improving communication skills (Şahin, 1997; Uzamaz, 2000) and social skills (Kabasakal & Çelik, 2010). They also produced better results in social and interpersonal relations.

Blindness is briefly defined as a visual impairment or loss. Eye is considered as a social organ that establishes contact with the environment. Even though blindness may have biological causes, the education should pay attention to the social consequences of this impairment in all relevant aspects. Blindness in a psychological sense does not limit one's mental processes. For example, attempts to improve a blind person's sense of hearing may have limitations, but it is not true for mental and social development. Thus, the education of blind students should emphasize social considerations. A physical impairment is kind of a social disorder in a psychological sense. Therefore, the aim of special education is not only to lessen primary difficulties and empower the existing competencies, but rather to compensate and prevent psychological and social difficulties (Rodney, 2003). Children with visual impairment or loss need to improve their social skills and awareness through entering into different experiences with a purpose to enhance social interaction and inclusion (Roe, 2008).

Researchers stated that absence of visual clues in the environment for blind people constrains their interpersonal communication (Jindal-Snape, 2005; Kim, 2003; Mallineni, Nutheti, Thangadurai & Thangadurai, 2006; Roe, 2008; Sacks, 2006; Wolffe, 2008). Thus, blind people may not truly understand bodily messages sent by others leading to being behind of the others with no blindness, delay in producing response and giving faulty responses.

Fariberg (1977 as cited in Parker, Grimmett, & Summers 2008) claimed that because children with visual impairment have limited access to perceive and process powerful facial expressions, mimics in the social milieu, they should be supported primarily to improve their communication skills. Absence of visual clues is believed to be one of the factors that inhibit the child's social development and making friends (Jindal-Snape, 2005; LaVenture, Lesner & Zabelski, 2006). It was reported earlier that social competence of little children with visual impairment are specifically under greater risk (Celeste & Kobal Grum, 2010). Numerous studies also demonstrated findings that present evidence of negative consequences of blindness or visual impairment on social interactions and social life (Gold, Shaw & Wolffe, 2010; Huurre & Aro, 1998; Kef, Hox & Habekothe, 2000; Lifshitz, Hen & Weisse, 2007; Pinquart & Pfeiffer, 2011). Wagner (2004) states that people with visual impairment should have verbal and non-verbal communication skills for social inclusion. Thus, utilizing interventions to improve social relations and interactions of blind children becomes more vital (Salleh & Zainal, 2010).

A number of studies demonstrated that visually impaired adolescents face various problems in social relations comparing to their peers with no impairment. They spend more time alone with themselves, have difficulty in getting close relationships and socialize with their peers (Huurre, 2000; Huurre & Aro, 2000; Kroksmark & Nordell, 2001; Özçelik, 1982; Pfeiffer & Pinquart, 2011; Rosenblum, 1998; Sacks & Wolffe, 1998). Roe (2008) suggests running planned small group work with these adolescents to develop and enhance interpersonal and social skills they may need. These groups may include self-disclosure, expressing emotions, empathy, beginning and ending a conversation, helping others, resolving conflict as well as developing self-esteem and self-confidence.

Psycho-education groups reflect many futures of both a classroom and a group counselling group (Brown, 2004). They are such groups in which a large number of participants is included, educational principles are practiced, some means are utilized, leaded by an educator/professional and have learning aims alike a classroom. Therefore these groups also focus on interactions among group members, cognitions, emotions and actions, and have leader with a facilitator role likewise group counselling groups.

Number of studies about interpersonal skills training for visually impaired adolescents both in

Turkey and other countries seems scarce. There are few experimental studies done with blind people. In one of them, Karaca and Özaltın (2010) run a structured group program with visually impaired adolescents where they focused on communication skills, sexual changes in adolescence, problem solving and coping with stress. Koc and Tutkun (2001) aimed at escalating self-esteem of blind adolescents through the strategies of REBT. Studies done in other countries mostly focused on increasing social skills and assertiveness skills of blind adolescents (Celeste, 2007; Kim, 2003; Jindal-Snape, 2004; Owen Peavey & Leff, 2002; Van Hasselt, Hersen, Kazdin, Simon & Mastantuonu, 1983). These studies show that psycho-educational groups focused on communication and social skills would yield promising results.

The fact that very limited number of studies was run with visually impaired people prove that these people were ignored by mental health professionals. Up to now, no study focused on improving interpersonal communication skills of visually impaired adolescents was found in Turkish literature. Thus, the purpose of the present study was to improve empathic skills and communication skills of early adolescents through a psycho-education program.

Method

Participants

The participants were 16 early adolescents attending to $6^{\rm th}$, $7^{\rm th}$ and $8^{\rm th}$ grade at a school for visually impaired children and youth. Of them were 10 boys and 6 girls with the mean age of 13,5. Participants were selected among students who volunteered for the study and did not attend to such a group before via random sampling. Leven test showed that there were no differences between the groups with regards to empathic tendency (F= 2.22, p>.280) and communication skills (F= 5.21, p>.175).

Measures

Child and Adolescent KA-Sİ Empathic Tendency

Scale: The scale was developed by Kaya and Siyez (2010) to measure empathic tendency in children and adolescents. Adolescent form was used in this study. Ten items of the scale measure emotional empathy and seven items measure cognitive empathy. It is answered on a 4-point likert type scale in which 1 stands for "completely untrue of me" and 4 stands for "completely true of me". The higher the score is the higher the empathic

tendency. Cronbach alpha was .82 for the cognitive dimension, .82 for the emotional dimension, and .87 for the whole scale. Test-retest reliability for two-week interval was found as .69 for the cognitive dimension, .73 for the emotional dimension, and .75 for the whole scale.

The Communication Skills Scale: It was developed by Korkut (1996) to assess communication skills of adolescents. The scale is composed of 25 items which are answered on a 5-point likert type scale. Answers vary between 4 (often) and 0 (never). The maximum score is 100, and the minimum score is 0. The higher the score is the higher self-perception about communication skills. Internal consistency was measured as .80. Test-retest reliability with 3-week interval was found as .76.

Design of the Study

This study is a quasi-experimental study by which the effectiveness of a psycho-educational program mainly focused on improving interpersonal communication skills on empathic tendency and communication skills of early adolescents with visual impairment is investigated. It has a 2x3 split-plot design. The psycho-education program and groups are the independent variables of the study, while empathic tendency and communication skills levels of the participants are the dependent variables. The measures of the study were answered by the participants in three times: at the onset of the group sessions, at the end of the sessions and four months after the closure of the sessions.

Procedure

The participants of the groups were chosen among the students who scored above the mean on two measures of the study. They were informed about the sessions, but not what they aimed at, and asked to participate voluntarily. Afterwards, parental permission was asked from their parents. The participants were assigned to one of the groups (experimental and control) randomly. The psychoeducation group was comprised of nine structured sessions. The group sessions were run by the first author under the supervision of the second author. Even though information giving was heavily used, some experiential activities were also included in the sessions. Purposes of the psychoeducation program were as follows; having the basic knowledge of interpersonal communication, comprehending the consequences of ineffective listening and active listening, noticing destructive and healthy communication styles, becoming aware of his/her own communication style, noticing and disputing the dysfunctional attitudes that prevent from self-disclosure, using proper self-disclosure, using more I-messages, increasing empathic skills, understanding that people may attribute different meanings to an event, and thus, produce different emotional responses. Authors of the study benefited from several references in the preparation of the psycho-education program (Akkök, 200; Beck, 2001; Cüceloğlu, 1995; Dökmen, 2005; Greenberger & Padesky, 2012; Kaya, 2010; Korkut, 2004; McKay, Davis, & Fanning, 2010; O'Donohue & Krasner, 1995; Özer, 2006; Türkçapar, 2008; Voltan Acar, 2002, 2010).

Results

In order to investigate the effectiveness of the psycho-education program on empathy and communication skills, mixed between-within subjects analysis of variance for split-plot designs (Spanova) (Pallant, 2011) was employed. Before employing Spanova, some statistical analyses were performed to decide if the values were suitable for parametric tests. Results indicated that normality values were in acceptable ranges, homogeneity of variance was obtained and there were no significant differences between the groups in terms of pre-test empathy scores, and communication skills scores.

A mixed between-within subjects analysis of variance was conducted to test the effectiveness of the psycho-education program. Results yielded a significant main effect for time [Wilks' Λ = .53, F(2, 28)= 4.21, p= .025, η 2= .23] and interaction [Wilks' Λ = .71, F(2, 28)= 4.55, p= .019, η 2= .24] with regard to emotional empathy scores, but not for group [F($_{1,1}$)= 1.04, p= .323, η 2= .07]. Another Spanova yielded similar results for cognitive component of empathy; a significant main effect for time [Wilks' Λ = .19, F($_{2,28}$)= 29.07, p= .000, η 2= .67] and interaction effect [Wilks' Λ = .40, F($_{2,28}$)= 8.89, p= .001, η 2= .38] were obtained, but not for group [F($_{1,14}$)= .905, p= .358, η 2= .06].

Another mixed between-within subjects analysis of variance was employed to investigate the effectiveness of the treatment on communication skills. Results indicated a significant main effect for time [Wilks' Λ = .41, $F(_{2,28})$ = 14.75, p= .000, η^2 = .51], and interaction [Wilks' Λ = .28, $F(_{2,28})$ = 17.54, p= .000, η^2 = .55], but not for group [$F(_{1,14})$ = .051, p= .824, η^2 = .004]. All these findings demonstrated that the psycho-education program was effective

on improving the empathic tendency and communication skills of the subjects in the treatment group. However, the effectiveness of the program did not reach to a level to differentiate the two groups.

Discussion

Results of the analyses demonstrated the effectiveness of the psycho-education program on improving empathy and communication skills of the adolescents with visual impairment. Even though there were no group differences, the scores of the participants in the treatment group on two measures comparing to those in the control group improved significantly. The results of the study were supported by similar studies (Kabasakal & Celik, 2010; Karaca & Özaltın, 2010; Korkut, 1996; Sahin, 1997; Tagay et al., 2010; Uzamaz, 2000; Yüksel, 2004) conducted with participants who did not have visual impairment to improve communication skills and social skills. It was also reported that social skills training with people who had visual impairment was effective on improving assertiveness skills (Kim, 2003; Van Hasselt et al., 1983), frequency of social interaction (Celeste, 2007), and social acceptance (Owen Peavey & Leff, 2002). In a study, Karaca and Özaltın (2010) provided evidence that a structured group training program was effective on increasing communication skills, problem solving skills and coping ability with stress of adolescents with visual impairment. Koç and Tutkun (2001) also stated that strategies of REBT escalated self-acceptance levels of adolescents with visual impairment.

Several studies yielded findings that children and adolescents with visual impairment struggle with social or friendship related problems (Gold et al., 2010; Huurre, 2000; Huurre & Aro, 1998, 2000; Kef et al., 2000; Kroksmark & Nordell, 2001; Lifshitz et al., 2007; Pfeiffer & Pinquart, 2011; Pinquart & Pfeiffer, 2011; Rosenblum, 1998; Sacks & Wolffe, 1998). Thus, developing firm friendships and social ties become more crucial for the adolescents with visual impairment during adolescence years. Group works like the present study may help them to have satisfying social ties with their peers.

The present study also has some limitations. One limitation is the absence of a placebo control group. The authors actually planned to have a placebo control group, however, the number of the subjects who scored above the mean on two measures were not enough to form such a group. Another limitation of the study is about the sample. Researchers should be careful to generalize the findings of this study

to adolescents with no visual impairment. Last limitation is about evaluating the effectiveness of the program solely based upon self-reports of the participants. Teachers, parents and friends of them would have been asked to evaluate the effectiveness of the program based on their observations.

Handicapped people and their needs seem to be ignored by the majority of a society as well as by the mental health professionals. Thus, despite these limitations, this study demonstrated that these people can get significant benefit from such group works.

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